

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/551,113 Filing Date \_\_\_\_\_

Applicant(s) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		2					53						
4		2					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38		0					88						
39		0					89						
40		0					90						
41		0					91						
42		0					92						
43		0					93						
44		0					94						
45		0					95						
46		0					96						
47		0					97						
48		0					98						
49		0					99						
50		0					100						
TOTAL IND.	3	0	0	0	0	0	TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	7	0	0	0	0	0	TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	10	0	0	0	0	0	TOTAL CLAIMS	0	0	0	0	0	0

BEST AVAILABLE COPY